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CONFIRMATION NO. 6375

SERIAL NUMBER 10/722,102	FILING OR 371(c) DATE 11/25/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 780-A03-012C
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/191,751 07/08/2002 PAT 7,104,996 and is a CIP of 09/976,396 10/11/2001 PAT 6,770,078
and is a CIP of 09/941,185 08/28/2001 PAT 6,702,821
and is a CIP of 09/566,070 05/05/2000 PAT 6,575,982
and is a CIP of 09/737,380 12/15/2000 PAT 6,503,267
and is a CIP of 09/569,020 05/11/2000 PAT 6,423,063
and is a CIP of 09/483,676 01/14/2000 PAT 6,468,289
and is a CIP of 09/798,870 03/01/2001 PAT 6,503,277
and is a CIP of 09/526,949 03/16/2000 PAT 6,620,181
and is a CIP of 09/789,621 02/21/2001 PAT 6,635,073

YES *APL*

** FOREIGN APPLICATIONS *****

None APL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	37	30	3
Verified and Acknowledged	Examiner's Signature <i>APL</i> Initials <i>APL</i>				

ADDRESS

33771

TITLE

Knee arthroplasty method

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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